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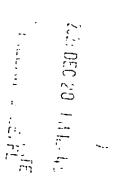
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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: OL'	Glory Constinui	ruction LLC ed Liability Company	
	nendment and fee(s) are subn	-	
t	Č	,	
	Brett Jo	Name of Person	
	OL' Glori	f Construction	LLC
	465le Ea	st Eastwind Dr	rive
	Plant Ci	Florida 335 City/State and Zip Code	)(ele
	Ol Glovy ( E-mail address: (to	Construction a gmo	ail. Com
For further information con	cerning this matter, please cal	II:	
Brett Jaco	bbs erson	at ( <u>850)</u> <u>247-2</u> Area Code Daytinic	25 \ Telephone Number
Enclosed is a check for the	following amount:		
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OL' Glory Constru	iction LLC	2.2. DEC 20 1 11 12.4.
(Name of the Limited Liabili (A Florida	ty Company as it now appears Limited Liability Company)	s on our records.)
		of all more wasteful
	and assigned or 12100481455  inited to amend the following:  enter the new name of the limited liability company here:  guishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" fices address, if applicable:  8 MUST BE A STREET ADDRESS)  ress, if applicable:  BE A POST OFFICE BOX)  istered agent and/or registered office address on our records, enter the name of the new registered egistered office address here:  Registered Agent:	
Florida document number <u>L21</u> 000481455	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Lim	nted Liability Company, the de	esignation "LEC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(Name of the Limited Liability Company as it now appears on our records.) (A Florada Limited Liability Company)  anization for this Limited Liability Company were filed on	
Name of the Limited Liability Company as it now appears on our records.  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
	d office address on our ro	ecords, <u>enter the name of the new registered</u>
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	ida street address
<del></del>	City	, Florida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brett Jacobs	4656 East Eastwind	l⊻Add
		drive, Plant City, Florida	Ω_ □Remove
		33566	□Change
			□Add
		<del></del>	Remove
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lf an eff <u>Note:</u>	ive date, if other than the cetive date is listed, the date in If the date inserted in this cent's effective date on the	nist be specific a block does not	nd cannot be pri meet the appl	icable statutory f	or more than 90 days a		
e recore d is fil	d specifies a delayed effect led.	ive date, but n	ot an effective	time, at 12:01 a.	m, on the earlier of	É (b) The 90th day .	after the
	December	15/	2021	<del>/</del> ·			
Dated		//					
Dated		Signature of	a member or au	thorized representa	tive of a member		_

Filing Fee: \$25.00